

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 614-3253
WEB ADDRESS: <http://www.dca.ca.gov/cba>

**ADDRESS CHANGE FORM****For Licensees**

1. A signature is required on the address change form; then mail or fax the form to the Board at the address or fax number below:

California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, CA 95815-3832
Fax: (916) 263-3675

2. The Board sends all official correspondence to the licensee's address of record. The address of record may be your primary place of employment or your residence. **The address of record is public information** pursuant to California Code of Regulations Title 16, Division 1, Article 1, Section 3, Notification of Change of Address, Section 5009 of the Business and Professions Code, and the California Public Records Act.
3. A licensee may use a post office box as an "Address of Record". **However, if the address of record is a post office box or mail drop, the address change form must include on the "Other Address" line, the street address of either the licensee's primary place of employment or residence.** This "Other Address" will not be posted on the Web License Lookup.

Reset

ADDRESS CHANGE FORM

A separate change of address form must be submitted for each license type.

Please Print

Name of Licensee

Individual (CPA/PA) - Lic. No. _____

Last	First	Middle

Name of Firm

☐ Corporation ☐ Partnership ☐ Fictitious Name License No. _____

Firm Name

Address of Record

Be advised that your address of record is public information, and all Board correspondence will be sent to this address.

☐ Home ☐ Business (check one)

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Business Name (if different from name above)

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Street ☐ Apt. # ☐ Suite # (check one)

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City

State

Zip

Other Address

Provide a street address if your address of record is a mail drop or a Post Office Box. This address will not be posted on the Web License Lookup.

☐ Home ☐ Business (check one)

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Street ☐ Apt. # ☐ Suite # (check one)

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City

State

Zip

Daytime Phone Number

-	-
Area Code	

Date of Birth

Mo.	Day	Year

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements and representations are true, complete and accurate.

**Signature of Licensee,
Licensed Partner, or
Licensed Shareholder** _____

Date _____

Print your name _____

A licensee who fails to notify the California Board of Accountancy within 30 days of a change in his/her address of record may be subject to citation and fine (fines ranging from \$100-\$1000) under the California Code of Regulations, Title 16, Division 1, Sections 3 and 95.2.

The Board maintains a list of all licensees. This list is sold to requestors for mailing list purposes. Check here only if you do not want your name included on this list. ☐
Please Note: Your name and address of record is public information and can be accessed through our Web site at www.dca.ca.gov/cba.

Mail to: California Board of Accountancy, 2000 Evergreen Street, Suite 250, Sacramento, CA 95815-3832
or **FAX to:** (916) 263-3675